

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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| 1. File Number U- <u>4654</u> | 2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / 2004 Through: <u>12</u> / <u>31</u> / 2004 |
| 3. Name and address of person filing. Name <u>George</u> <u>R</u> <u>Vancoppenolle</u> P.O. Box, Bldg., Room No., if any Street <u>2055 Fairfield Rd</u> City <u>Adrian</u> State <u>Michigan</u> ZIP Code + 4 <u>49221</u> | 4. Name, file number, and address of labor organization. Name <u>Plumbers & Pipefitters Local Union 333</u> Labor Organization File Number <u>541-123</u> P.O. Box, Building and Room Number, if any Street <u>5405 S. Martin L. King Jr. Blvd</u> City <u>Lansing</u> State <u>Michigan</u> ZIP Code + 4 <u>48911</u> |
| 5. Position in labor organization. <u>Pension Trustee</u> | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

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| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. |

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

7-20-05

Date

517-436-6203

Telephone Number

| | |
|---|-----------------------|
| Name of Person Filing George Vancoppenolle | File Number U- |
|---|-----------------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name Local Union 333 Fringe Beneift Funds</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 2075 W. Big Beaver Rd Suite 700</p> <p>City Troy</p> <p>State Michigan ZIP Code + 4 48084</p> | <p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name (see above)</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p> | <p>11.a. Nature of such dealing.</p> <p>Trustee of Fringe Benefit Funds, received reimbursement for confrence expenes and lost wages.</p> <hr/> <p>11.b. Approximate dollar value of such dealing. _____</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>All reimbursements are for expenses directly incurred in my capacity as trustee.</p> <p>Annual I.F.E.B.P, New Orleans Nov 30 - Dec 4, 2004: \$3217.92</p> <p>Trustee Meeting/Mileage, June 29, 2004: \$34.12</p> <hr/> <p>12.b. Amount. _____ \$3,252</p> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p> | <p>14.a. Nature of payment.</p> <p>From time-to-time during the year I attended various functions, for which no records are available to me, but I have no reason to believe that they are anything but de minimis.</p> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p> | <p>14.b. Amount of payment. _____</p> |